



IFW \$

PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/834,307-Conf. #no.3036	
	Filing Date	April 12, 2001	
	First Named Inventor	Richard J. Whitbourne	
	Art Unit	1618	
	Examiner Name	M. P. Young	
Total Number of Pages in This Submission		Attorney Docket Number	32286-192724

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee (charge to 22-0261) <input checked="" type="checkbox"/> Supplemental Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	VENABLE LLP		
Signature			
Printed name	Michael A. Gollin		
Date	5/25/2007	Reg. No.	31,957

DC2DOCS1/862173



Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2007		Application Number	09/834,307-Conf. #no.3036
		Filing Date	April 12, 2001
		First Named Inventor	Richard J. Whitbourne
		Examiner Name	M. P. Young
		Art Unit	1618
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	32286-192724
TOTAL AMOUNT OF PAYMENT	(\$) 200.00		

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims 60 - 52 = 8 **Extra Claims** 8 **Fee (\$)** 25.00 **Fee Paid (\$)** \$ 200.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims 8 - 3 = 5 **Extra Claims** 5 **Fee (\$)** 125.00 **Fee Paid (\$)** \$ 625.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets 150 - 100 = 50 **Extra Sheets** 50 **Number of each additional 50 or fraction thereof** 1 **Fee (\$)** 125 **Fee Paid (\$)** \$ 125

(round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) _____

Other (e.g., late filing surcharge): _____

SUBMITTED BY		Registration No.	Telephone
Signature		(Attorney/Agent) 31,957	(202) 344-4000
Name (Print/Type)	Michael A. Gollin	Date	5/25/07

DC2DOCS1/862171



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No: 09/834,307
Title: TARGETED THERAPEUTIC AGENT RELEASE DEVICES AND
METHODS OF MAKING AND USING THE SAME
Applicant: Richard J. Whitbourne *et al.*
Filed: April 12, 2001
Confirmation No.: 3036
Art Unit: 1618
Examiner: Micah Paul YOUNG
Atty. Dkt. No.: 32286-192724
Customer No.: 26694

Mail Stop Amendment

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL AMENDMENT

Sir:

In response to the Final Office Action mailed September 19, 2005 (re-mailed March 2, 2006), and further to the June 30, 2006 Response and the April 18, 2007 Request for Continued Examination with Information Disclosure Statement, Applicant submits the following Supplemental Amendment and Reply in accordance with 37 C.F.R. §1.111(a)(2) and M.P.E.P. § 714.03(a). It is not believed that any fees are required for this submission beyond those that may otherwise be provided for in documents accompanying this paper. If, however, additional fees are required (including fees for net addition of claims or any other fee deficiency), such fees are hereby authorized to be charged, and any overpayments credited to, our Deposit Account No. 22-0261, referencing our docket number 32286-192724. Please amend the application as follows:

Amendments to the Claims begin on page 2.

Remarks/Arguments begin on page 11.

05/29/2007 JADD01 00000091 220261 09834307
01 FC:2202 200.00 DA